24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
House Majority PAC	0 000405000
	C C00495028
Check If 24-hour report 48-hour report New report Amends report f	iled on M M / D D / Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee	Dete
Mission Control, Inc.	Date
	08 03 2012
Mailing Address 114 A Mansfield Hollow Road	
	Amount
City State Zip Code	12764.96
Mansfield Center CT 06250	Transaction ID : D634015
	Office Sought: House State: FL
Direct Mail Type	Senate District: 09
Name of Federal Candidate Supported or Opposed by Expenditure:	President
John Quinones	Check One: Support X Oppose
	Dishuraamant Fari VI Drimani Canaral
2014/ 00 20	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	M M / D D / Y Y Y Y
Mailing Address	-
Mailing Address	Amount
City. Otata 7in Cada	Amount
City State Zip Code	
	Office Sought: House State:
Purpose of Expenditure Category/ Type	Consts
	President District:
Name of Federal Candidate Supported or Opposed by Expenditure:	
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	12764.96
(b) SUBTOTAL of Unitemized Independent Expenditures	.
(c) TOTAL Independent Expenditures	12764.96
·	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert	
with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.	nuler, or (ii the reporting entity is not a political
Shannon Roche	M = M / D = D / Y = Y = Y
[Electronically Filed] Date	08 03 2012
Signature	